|  |  |
| --- | --- |
| Rowing Ireland | RI Ref: covdoc6 Rowing Event Check List  Print and take a copy of this form to take to the event. Also leave a copy in the event control room |

# Pre-Event activities

|  |  |
| --- | --- |
| Event Date | Enter date |
| Entry closing date | Enter date |
| Event manager | Enter name & number |
| Event Covid-19 officer | Enter name & number |
| Event email address | Enter email address |
| Covid-19 health screening summary from every club attending | Completion date |
| Local services ie. Gardai informed of event | Completion date |
| Received club Covid-19 officer contacts | Contact list available |
| Emergency contact number for out break | Enter contact number |
| Site layout plan in place | Responsible person |
| Signage in Place | Responsible person |
| Sanitation areas set up | Responsible person |
| Covid-19 response crew in place | Responsible person |
| Isolation area set up and equipped | Responsible person |

# Event day

|  |  |
| --- | --- |
| Communication in place and tested | Responsible person |
| Covid-19 marshals in place | Responsible person |
| First aiders in place and contactable | Contact details |
| Signage in place | Enter Time checked |
| Sanitation in place | Enter time checked |
| PPE available | Enter time checked |
| Incident report forms available | Enter location |
| Access to isolation location clear | Enter time checked. |
|  |  |
|  |  |

# During the Event

|  |  |
| --- | --- |
| Regular PA System announcements reminding physical distancing | Enter Time checked |
| Sanitation topped up and available | Enter time checked |
| Trailer / club zones being adhered to if being used  Wave system being adhered to if being used (waves of 100 people at event maximum) | Enter time checked  Enter time checked |
| Spectators adhering to marked spectating zones  Covid -19 marshals in place | Event time checked  Event time checked |

# Covid-19 case identified

|  | Yes/No |  |  |  |
| --- | --- | --- | --- | --- |
| Protocols |  |  |  |  |
| HSE Informed |  |  |  |  |
| Notes |  |  |  |  |

# Contingency plan

|  |  |
| --- | --- |
| Event committee notified | Enter time |
| Event management decision | Enter time and location |
| Decisions made | Enter decisions |
|  |  |
| Important notes | Enter notes |
|  |  |

# Post Event Checks

| Item | Time | Location | Tasks complete |
| --- | --- | --- | --- |
| Site clean |  |  | Yes / No |
| Reports filed |  |  | Yes / No |

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**